

CLAIMS ONLY						Application Number <u>101696962</u>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3			1				
4							
5							
6			1				
7			1				
8							
9		1					
10							
11			1				
12							
13							
14							
15							
16		1					
17			1				
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46							
47							
48							
49							
50							
Total Indep	3						
Total Depend	7						
Total Claims	10						